



**Town of Leesburg
Landlord Authorization for Tenant
To Establish Water and Sewer Account**

Date of Request: _____ Date to Start Service: _____

Tenant Name: _____

Address: _____

City, State, ZIP: _____

Tenant Phone Number: _____

Tenant E-Mail: _____

_____ (Tenant Name) has entered into a lease for the property located
at the above address and is authorized to obtain services at this address as a tenant of
_____ (Property Owner Name or Agent).

Property Owner Signature: _____ Date: _____

Property Owner Address: _____

Property Owner City, State, ZIP: _____

Property Owner Phone Number: _____

Property Owner E-mail: _____

In order to ensure prompt establishment of water and sewer service, return form to Town of Leesburg, 25 West Market Street, Leesburg, VA 20176, Attention: Water and Sewer, Fax 703-737-7185, or e-mail watersewer@leesburgva.gov. For questions, please contact the Utilities Department at 703-771-2701.

For Town of Leesburg Use Only

Date Received and Processed:

Processed By: